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CPHA health digest

Autumn 2005 Volume XXIX, Number 3

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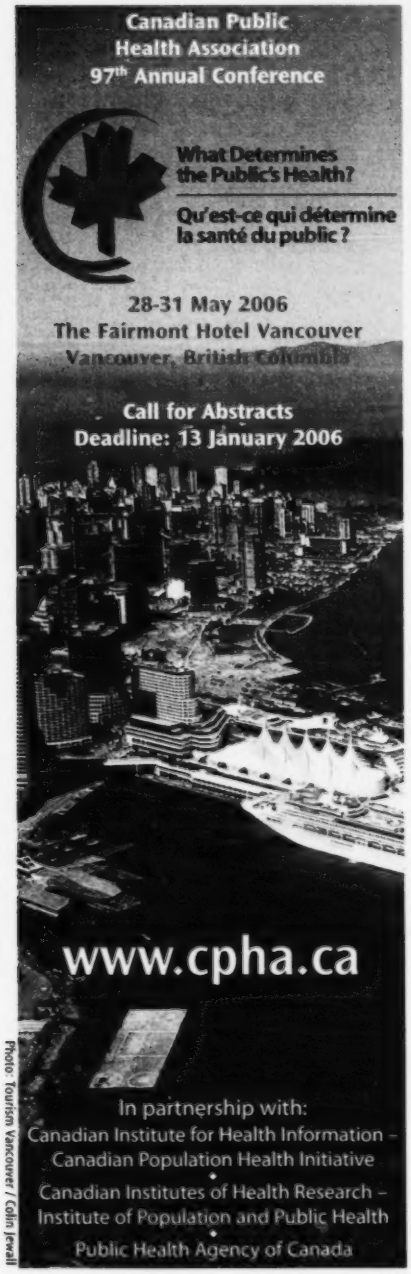
Canadian Public Health Association
97th Annual Conference
What Determines the Public's Health?
Qu'est-ce qui détermine la santé du public ?
28-31 May 2006
The Fairmont Hotel Vancouver
Vancouver, British Columbia
Call for Abstracts
Deadline: 13 January 2006
www.cpha.ca
In partnership with:
Canadian Institute for Health Information – Canadian Population Health Initiative
Canadian Institutes of Health Research – Institute of Population and Public Health
Public Health Agency of Canada
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PRESIDENT'S REPORT

New Bylaws and New Governance Structure

In this report, I would like to speak to the vision for the Association's new governance structure. As you know, over the past year the CPHA Board of Directors have been involved in a governance review; as CPHA members, you recently received a detailed update on the governance structure and the fall election process, either directly by e-mail or, for some, by mail sent out on October 5, 2005. In this report, I will also highlight the main points presented at the Annual General Meeting (AGM), held in Ottawa on September 20, 2005 during CPHA's 96th Annual Conference.

The AGM was attended by two hundred people, of whom about half were CPHA members. The major agenda item was a discussion of the new governance structure put forward by the Board, which culminated in a strong vote of support at the close of the meeting.

As part of the Board's issues-based planning process, which was designed to identify how best to position CPHA as the voice for public health in Canada – an association that is flexible and strategic in addressing major public health issues – the Board identified the need to develop a proactive, innovative and sensitive organizational culture. A new governance structure based on best practices, member input and a skills-based foundation was developed. Taking effect on January 1, 2006, highlights of this new, more strategically- and policy-oriented governance structure include:

- new bylaws,
- a new Advisory Council, and
- a new skills-based Board of Directors.

Under the articles set out in our current bylaws, the CPHA Board of Directors adopted new bylaws at its September 17, 2005 meeting. One of the key changes presented by the Board, which will take effect in 2006, is that any future changes to the bylaws will go to the membership for approval.

Sheilah Sommer, President, CPHA

In order to ensure that the Board of Directors, in developing policy recommendations, receives input from across the country, a pan-Canadian inter-disciplinary Advisory Council is being formed. The importance of partnerships and strategic alliances was recognized by the Board and is a key feature of CPHA's ongoing board issues-based and strategic planning. The Advisory Council, whose membership will consist of representatives from the Provincial/Territorial Public Health Associations and other partners, will provide the CPHA Board of Directors with knowledge and advice about local, regional and national public health matters.

Currently, a Transitional Advisory Council chaired by Susan McBroom, Past President of the Public Health Association of Nova Scotia, is working to finalize the Advisory Council Terms of Reference, as well as election/appointment procedures and an approach to partnership engagement. Once the Advisory Council is in effect (April 1, 2006), it will put forward nominations for two CPHA

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Mission Statement

The Canadian Public Health Association is a national, independent, not-for-profit, voluntary association representing public health in Canada with links to the international public health community. CPHA's members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all Canadians.

CPHA's mission is to constitute a special national resource in Canada that advocates for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy.

CEO's *column*

Moving Forward Together

"Mapping the Future of Public Health" was not just the theme of CPHA's 96th annual conference, it was a guiding vision for conference organizers and a catch-phrase for attendees. The conference itself, in its organization, mapped the future of public health.

The future of public health was realized first through the collaborative sponsorship and planning of the event. Imagine what it meant to say that this conference was "Brought to you by the Canadian Public Health Association in partnership with the Canadian Institute for Health Information (Canadian Population Health Initiative), the Canadian Institutes of Health Research (Institute of Population and Public Health), the Public Health Agency of Canada, and in association with Statistics Canada's Health Statistics Data User's Conference."

Building on their respective strengths and toward common goals, these five organizations had worked together for more than a year to develop and then to deliver a set of events that would draw from each of their own constituencies.

Second, the conference mapped the future of public health through the more than 1,100 people who attended the conference. Coming from across Canada, and including a number of representatives from other countries, the conference convened public health practitioners, policy-makers, academics and researchers to be inspired, to learn, and to be energized to head back to their 'day jobs' in public health systems across the country and around the world. Here are a few quotes from participants:

"The variety and quality of the sessions dealing with research, policy and practice were superb." "Attendance at sessions was extraordinary and the buzz about the conference and public health in this country was palpable." "I used to marvel at APHA conferences and others in the US and wonder why we couldn't muster that creativity and enthusiasm for public health in Canada. Well, now we are, in spades!"

The conference program itself helped map the future of public health, as speakers, presenters and participants brought new knowledge to the attention of their audiences, identifying new markers for progress in public health, and setting out signposts and future directions.

Finally, the conference points the way ahead to improve public health – the need to collaborate, the benefits of resourcing to do so, the important role that the voluntary sector, universities, governments, the private sector, individuals, communities and families must play in bringing about a healthier Canada in a healthier world.

Collaboration and building on strengths are the way ahead. Planning by the four organizations is already underway for the 97th annual CPHA conference, to be held in Vancouver, British Columbia from May 28-31, 2006. The theme will continue the focus on People, Places and Politics as Key Determinants of Health.

CPHA looks forward to moving together, in partnership, toward a healthier world.

Elinor Wilson
Chief Executive Officer

CPHA Honorary Award Winners for 2005

Since 1934, the Canadian Public Health Association has been honouring those who have made an outstanding contribution to public health in Canada or elsewhere. The following recipients were added to the roll of honour at CPHA's 96th Annual Conference:

Dr. C. David Naylor

R. D. Defries Award & Honorary Life Membership

A Rhodes Scholar and internationally recognized researcher and policy leader, Dr. David Naylor is President-designate of the University of Toronto (term begins October 1, 2005). A graduate of the University of Toronto and Oxford University, he has served on numerous national and international peer review, scientific advisory and policy committees.

As Dean of Medicine and Vice Provost, Relations with Health Care Institutions, at the University of Toronto (1999-2005), Dr. Naylor has taken an academic and administrative leadership role in Canada's largest multi-disciplinary health science faculty as well as being responsible for relations with nine fully-affiliated and eleven partly-affiliated hospitals. During his term, he has also facilitated partnerships with various community and governmental partners.

Dr. Naylor received his MD from the University of Toronto in 1978 with scholarships in medicine, surgery and paediatrics. He received a D Phil in Social and Administrative Studies at Oxford in 1983. Dr. Naylor trained in general internal medicine at the University of Western Ontario, followed by a year in Toronto as a Medical Research Council [MRC] fellow in clinical epidemiology. He joined the academic staff of the Faculty of Medicine at the University of Toronto in 1987-88, and from 1990 to 1996 developed and led a new research program in clinical epidemiology at Sunnybrook Health Science Centre in Toronto.

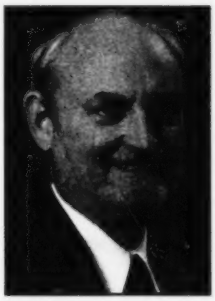
From 1991 to 1998, Dr. Naylor developed, and was inaugural Chief Executive Officer of, the Institute for Clinical Evaluative Sciences, a non-profit corporation that continues to support Canada's largest grouping of academics and trainees dedicated to healthcare research.

As chair of the National Advisory Committee on SARS and Public Health in 2003, Dr. Naylor was lead author of the report that became the catalyst for the creation of the Public Health Agency of Canada and the appointment of Canada's first Chief Public Health Officer.

Involved for many years in building Canada's capacity for multidisciplinary health research, Dr. Naylor served in turn on the MRC's task force on health research, as inaugural chair of MRC's peer-review panel for health services research, on the national task force that established the framework for the Canadian Institutes of Health Research (CIHR), and, most recently, as a two-term inaugural governor of CIHR.

Formerly a Senior Scientist of the MRC, Dr. Naylor co-authored approximately 300 scholarly publications and is a past or present member of various scholarly editorial boards, including the *Journal of the American Medical Association*, the *British Medical Journal*, and the *Canadian Medical Association Journal*, among others.

Dr. Naylor's national and international awards for research and leadership in medicine include: the John Dinham Cottrell medal, Royal Australasian College of Physicians (1996); Malcolm Brown award, Royal College of Physicians and Surgeons (1996); Michael Smith award, Medical Research Council (1999); Research Achievement award, Canadian Cardiovascular Society (2002); Fellow, Royal Society of Canada (2004).



Dr. John W. Frank

Honorary Life Membership

Dr. John Frank trained in Medicine and Community Medicine at the University of Toronto, in Family Medicine at McMaster University, and in Epidemiology and Community Health for Developing Countries at the London School of Hygiene and Tropical Medicine. In 1983, he took up a tenure-track Assistant Professorship in the Department of Preventive Medicine and Biostatistics (now the Department of Public Health Sciences) at the University of Toronto, as Director of Canada's largest public health training program at the Master's-degree level.

He was the founding Director of Research at the Institute for Work & Health in Toronto from 1991 until 1997, and is currently a Senior Scientist there. That Institute's research program aims to identify and act upon major preventable causes of work-related disability – such as low-back pain. The Institute has developed, in the last dozen years, the largest mission-driven research program in work-related disability in North America, and its accomplishments include one of the most conclusive epidemiologic studies ever conducted on the multi-factorial etiology of occupational low-back pain, as well as one of the largest and most sophisticated studies ever conducted of the multi-factorial determination of long-term prognosis in workers with musculoskeletal soft-tissue injuries.

Dr. Frank has been a Scholar (beginning in 1987), and then a Fellow (since 1991) with the Canadian Institute for Advanced Research Population Health Program, and is a Professor at the University of Toronto in the Department of Public Health Sciences. As a physician-epidemiologist, with special expertise in prevention, his main area of interest is the biopsychosocial determinants of health status at the population level. His research interests, reflected in over 165 publications over the last 20 years, have also included epidemiological studies of immunization and infectious disease, cancer screening, heart disease causation and cholesterol screening, diarrheal disease in the tropics, several aspects of the causation and prevention of musculoskeletal occupational disability, and more recently, gene-environment interactions and genetic screening.

...continues next page

CPHA Award Winners, continues...

Dr. Frank was Provostial Advisor on Population Health at the University of Toronto from 1994 to 1997. From 1997 to 2001, he was Adjunct Professor at the School of Public Health at the University of California, Berkeley, where he received the *Distinguished Teacher and Mentor of the Year Award*, related to his role as a prime teacher for the Doctorate in Public Health Program. In December 2000, he was appointed Inaugural Scientific Director of the Canadian Institutes of Health Research (CIHR) – Institute of Population and Public Health (IPPH), located at the University of Toronto. As one of thirteen CIHR Institutes across the country, IPPH's mandate is to study the full range of determinants of health, and systematically apply that knowledge to improve population health status, both in Canada and globally. With over $8,000,000.00 in funds annually, the Institute's thematic priorities are:

- Improving physical and social environments that affect health;
- Gene-environment interactions in disease causation;
- Assessing and addressing health disparities (socio-economic, gender-related, ethno-racial, and geographic); and,
- "Global" health problems of lower- and middle income countries, as well as of disadvantaged populations in developed countries.

In late 2004, Dr. Frank was seconded, part-time, to advise the new Public Health Agency of Canada on scientific advisory structures for a national Network of Collaborating Centres in Public Health.

On February 24, 2005, Dr. Frank was presented with the John F. Hasting Award by the Department of Public Health Sciences, University of Toronto, for "Excellence in Service to the University and the Community, 2004".

Reg Warren

Ron Draper Health Promotion Award

Reg Warren was born in the town of Tyndall, Manitoba. He attended Edward Schreyer High School, the University of Manitoba and the Paterson School of International Affairs at Carleton University.

He was Director of Research for the Traffic Injury Research Foundation of Canada, and Chief of the Health Promotion Studies Unit, under Irving Rootman and Ron Draper. Reg currently is a visiting fellow at the Centre for Health Promotion, University of Toronto, an Associate of Rick Wilson Consulting, Corlett and Associates, SML and Associates, and is Associate Editor of the *Canadian Journal of Public Health*.

Reg has evaluated many of Canada's major health strategies, including the Canadian Drug Strategy, the Canadian Strategy on HIV/AIDS, the Canadian Breast Cancer Initiative, the National Drug Strategy, the Canadian Tobacco Demand Reduction Strategy, National Impaired Driving Strategy and the National Health Promotion Program.

He was the lead technical advisor on the Second Report on the Health of Canadians, and founding co-Principal Investigator for the Ontario Tobacco Research Unit. He was the Project Director for Canada's first national Health Promotion Survey, which has been replicated in many other countries.

Reg has carried out research in every province and territory of Canada. He has worked on building evaluation capacity with hundreds of community groups. Reg has also worked in developing health promotion capacity in several other countries as well, including Estonia, Costa Rica, Chile and Brazil.

Reg specializes in knowledge translation and in "making research results meaningful" to a broad array of user communities. He is a frequent keynote speaker at national and international events hosted by such agencies as the Centers for Disease Control and Prevention, the World Health Organization, and the European Commission.

Carla Jane Troy

Janssen-Ortho Inc. Award

Carla Jane Troy was born in New Brunswick and educated as a nurse, epidemiologist and educator. Her public health career began in the mid-1980s as the Nurse Epidemiologist in New Brunswick, where she co-authored the New Brunswick Immunization Handbook. After receiving a Masters of Health Science in Community Health and Epidemiology from the University of Toronto, Carla worked as the Ontario Nurse Epidemiologist for Vaccine-Preventable Diseases and Tuberculosis Control. Carla completed Health Canada's two-year Field Epidemiology Training Program in 1996 and provided consultative support to the *Skills Enhancement* initiative, a national on-line continuing education program for public health professionals. Since 1999, Carla has led this innovative program as the National Manager.

As one of the first nurse-epidemiologists in Canada, Carla quickly made an impact in public health with her vision, intelligence, vivacious spirit and ability to forge meaningful relationships with individuals and key stakeholders. For the past twenty years, she has shown significant public health leadership, serving on numerous committees, task forces and working groups with a variety of stakeholders such as the Community Health Nurses Association of Canada, Canadian Institute of Public Health Inspectors, Association of Public Health Epidemiologists in Ontario, Medical Health Officers, Ontario Public Health Association, Canadian Nurses Association, Canadian Public Health Association, and many others.

Connaught Medical Research Laboratories

Certificate of Merit

In 1949, Canadian researchers at Connaught Medical Research Laboratories (then part of University of Toronto, and today sanofi pasteur's Connaught Campus) developed "Medium 199", the first synthetic nutrient base (originally for cancer research) that later enabled Dr. Jonas Salk's to produce an inactivated polio vaccine safe for humans. Connaught's "Toronto technique" next made it possible to cultivate enough poliovirus to produce vaccine on a large scale by gently rocking large bottles in specially designed machines. Through the fall and winter of 1953-4, poliovirus fluids were shipped from Toronto to drug companies in Detroit and Indianapolis for inactivation and processing into a finished vaccine. To Salk, Connaught's efforts in this project were "Herculean" in scale. In April 1954, an unprecedented field trial of Salk's vaccine began in the U.S. and in some parts of Canada and Finland, the successful results announced with great fanfare on April 12, 1955. But within a month, the U.S. abruptly suspended its immunization program after some children contracted polio from the vaccine; several batches made by one U.S. company contained live poliovirus. A national Canadian trial of Connaught's vaccine began in April 1955 and despite the U.S. tragedy and great political risk, Paul Martin Sr, Minister of National Health and Welfare, maintained confidence in Connaught and continued the immunization program with no problems, ensuring the success of the Salk vaccine in Canada and around the world.

1955 Connaught Medical Research Laboratories Researchers:

Charles W. J. Armstrong	Joseph F. Morgan
Robert D. Defries	Helen J. Morton
Leone N. Farrell	Randall C. Parker
Arthur E. Franklin	Andrew J. Rhodes
Donald R.E. MacLeod	Frank T. Shimada
Hilda G. Macmorine	William J. Wood

Dr. Bruce Aylward

sanofi pasteur International Award

Dr. Bruce Aylward is a Canadian physician and epidemiologist working with the World Health Organization. Since June 1998, Dr. Aylward has been the Coordinator of the Global Polio Eradication Initiative.

Dr. Aylward received his medical training in Canada at Memorial University of Newfoundland before undertaking specialist training in internal medicine in Vancouver, British Columbia, where he focussed on infectious diseases, particularly HIV/AIDS. Dr. Aylward also trained at the London School of Hygiene and Tropical Medicine and the Johns Hopkins School of Public Health, where he received a Diploma in Tropical Medicine and Hygiene, and a Masters in Public Health, respectively.

During the course of his medical training, Dr. Aylward travelled extensively and worked in a number of countries throughout South America, Africa and Asia. Upon joining the World Health Organization in 1992, Dr. Aylward initially worked as a Medical Officer with the Expanded Programme on Immunization, primarily in the areas of measles, neonatal tetanus and hepatitis vaccination, and injection safety. During the 5-year period from 1993-1997, Dr. Aylward worked in national immunization programmes, primarily in the area of polio eradication at the field level, in the Middle East, Western Pacific, Europe, North Africa and central and southern Asia.

In 1997, Dr. Aylward returned to WHO/Geneva to work with the Global Polio Eradication Initiative. In July 1998, he was appointed overall coordinator for the Global Polio Eradication Initiative at WHO/Geneva, responsible for overseeing and coordinating all eradication activities across WHO's Regional Offices and the polio partnerships. Dr. Aylward has overseen and managed the marked scale-up of the initiative between 1997 and 2003 during which the programme expanded to operate in every country of the world.

Renée Larocque

Dr. John Hastings Student Award

Renée Larocque, originally from New Brunswick, completed her bachelor's degree in biology at the Université de Moncton and master's degree in parasitology at the Institute of Parasitology at McGill University. She is currently a PhD candidate in the Department of Epidemiology, Biostatistics and Occupational Health at McGill University. At the beginning of her PhD training, Renee was the recipient of a 3-year FRSQ scholarship and is currently receiving both a CIHR doctoral student award and a scholarship from the Fondation Baxter et Alma Ricard.

Renée has fully mastered the transition from a lab-based Master's degree into a public health-oriented PhD. Her thesis research focusses on the effects of parasite-attributable anemia in pregnant women in developing countries. Specifically, she answers the question of whether deworming pregnant women has important benefits to either mother or newborn. Her results will have great impact on the delivery of effective antenatal care to pregnant women living in developing countries and especially to those who rely on a government-provided antenatal care program.

Her productivity can be measured in many ways. Renée has presented her work at national and international conferences, most recently at the Global Health Forum in Mexico last November. One manuscript is in press at the Amercian Journal of Tropical Medicine and Hygiene and she has recently submitted a revised manuscript to the British Medical Journal.

Renée conducted her research in Iquitos, Peru, a small town in the Amazon River Basin. It quickly became clear that her fluent Spanish permitted her to interact closely with the pregnant

....see Award Winners, page 8

A message from the Canadian Public Health Association

Pot and Driving: A Public Awareness Campaign

On November 21, 2005, the Canadian Public Health Association (CPHA), with funding from Canada's Drug Strategy, Health Canada, will launch a Pot and Driving Public Awareness Campaign for Canadians ages 14 to 18.

The Issue

The World Health Organization's report on "Young People's Health in Context: Selected Key Findings from Health Behaviour in School-aged Children Study" identifies Canadians between the ages of 14 to 25 as having one of the highest rates of cannabis use in the world. Many young Canadians who use cannabis – marijuana and hashish – see it as a benign, mainstream drug with medicinal qualities and no significant negative consequences. This belief extends to the act of driving, whether we are speaking of a car, boat, snowmobile or all-terrain vehicle.

While driving under the influence of alcohol is widely regarded as both dangerous and socially unacceptable by youth and the general public, many young Canadians who choose to drive while or after using marijuana do not believe that they are impaired or that driving high can increase their chances of being involved in a motor vehicle accident.

Drug-use surveys in Canada have indicated that the rate of driving under the influence of marijuana surpasses that of alcohol. While legislators in Canada plan to set clear and enforceable legal standards relative to driving under the influence of marijuana as well as other drugs, it is increasingly apparent that efforts should be made to educate young drivers and the general public about the potential risks associated with driving high.

The Evidence

A recent study on marijuana and driving involving high school students in the Atlantic Provinces was conducted by the Department of Community Health and Epidemiology, Dalhousie University (May 2005). The findings demonstrated a clear link between the use of cannabis before driving and an increased likelihood of being involved in a motor vehicle collision.[1]

Cannabis is known to have specific effects on driving ability, including:

- slower reaction times that impair the driver's ability to respond to sudden events occurring outside the vehicle
- a reduced or 'drifting' attention span
- an altered perception of time and space which affects a driver's ability to judge distances while driving.

Our Message

For decades, marijuana has been closely identified with counter-cultures that have supported youth expression and independence. Taking this and other aspects of youth experience into careful consideration, our campaign introduces "reasonable doubt" into the minds of young drivers, soon-to-be drivers and their passengers.

From a public awareness perspective, the issue of marijuana use and driving is in its infancy. Our objective is to ask our youth audience to consider our basic message: "Your driving ability can be impaired by marijuana and this impairment can have real consequences for you and your passengers."

Our Advisory Group and Youth Discussion Groups

Our research has been guided by an advisory group of experts with extensive experience in drug education and research, traffic safety, youth engagement, police services, harm reduction, social marketing and public health. An important aspect of our research has involved interviews with researchers, group discussions with educators and focus groups with over eighty French- and English-speaking Canadian youth living in urban locations and smaller communities across the country. They have played a crucial role in helping us make our campaign engaging, original and relevant.

Our Campaign Products and Resources

The Canadian Public Health Association's campaign will involve three distinct and complementary elements:

- A distinctive and thought-provoking poster and booklet that can be displayed in businesses, community organizations and schools
- A youth-friendly campaign website with downloadable resources
- A clear and detailed Discussion Guide for teachers and other youth-serving professionals in the community.

Take Action

Join us as a community partner in a national public awareness campaign. For information and free campaign materials, e-mail: potanddriving@cpha.ca or phone 613-725-3769. Partnerships are important if we are to make progress on this issue that can impact so profoundly on our youth. By working together, we can increase youth's awareness of the risks of pot-impaired driving. ■

The views expressed herein do not necessarily represent the views of Health Canada.

Reference

1. Asbridge M, Poulin C, Donato A. Motor vehicle collision risk and driving under the influence of cannabis: Evidence from adolescents in Atlantic Canada. *Accident Analysis and Prevention* 2005. Electronic copy currently available online.

Dr. Jean C. Nelson Memorial Award

The Dr. Jean C. Nelson Memorial Award ($2000) is given annually to a graduate student pursuing studies related to community health. In honour of Dr. Nelson, the late former Alberta Deputy Minister with the Department of Social Services and Community Health, and her commitment to children's health, this Award is intended to provide opportunity to study in fields related to community-based services for children. Information about the Award and application forms are available on the Alberta Public Health Association (APHA) website, www.apha.ab.ca. Applications must be postmarked no later than November 1st. For additional information, please contact the APHA at info@apha.ab.ca.

2005 SOCIAL MARKETING CAMPAIGN

Change the World

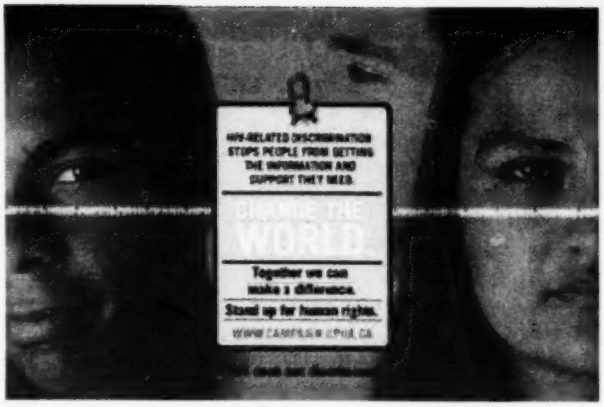
Every day in Canada, 11 people are newly infected with HIV. HIV-related discrimination stops people from getting the information and support they need. But CPHA's social marketing campaign is working towards changing these facts.

In the third year of its highly successful social marketing campaign, the Canadian Public Health Association (CPHA) has produced a collection of new resources. The 2005 *Change the World* campaign is geared to youth 15 to 24 years old, and has a dual focus on increasing HIV prevention and decreasing HIV-related stigma and discrimination.

The *Change the World* campaign, launched on September 1, 2005, was developed through a diverse consultative process. CPHA listened to feedback and input from previous campaign participants (through an evaluation survey sent with last year's campaign materials), Canadian youth (through focus groups that evaluated messaging and imaging), and a national advisory committee composed of a dozen health information and youth-serving professionals.

Youth are vulnerable to HIV infection due to many factors, including risky sexual behaviour, substance use (including injection drug use) and perceptions that HIV is not a threat to them. STI rates among Canadian teens remain high and, as indicated by recent trends, they are continuing to rise. The *Adolescent Sexual and Reproductive Health in Canada*[1] article suggests that there is a behavioural tendency for adolescents and young adults to abandon condoms when using oral contraceptives, even when engaging in serially monogamous relationships.

Canadian epidemiological data shows that sexually transmitted infections (STI) are increasing in incidence and prevalence among young people between the ages of 15 and 24.[2] These elevated STI rates demonstrate that youth are engaging in unprotected sex, which puts them at risk of HIV infection. Research also demonstrates that youth lack the knowledge they need about HIV to be able to make healthy decisions. In the *Canadian Youth, Sexual Health and HIV/AIDS Study*, researchers found that two thirds of grade 7 students and half of grade 9 students did not know that there is no cure for HIV/AIDS.[3]



According to the most recent UNAIDS report,[4] an estimated 11.8 million people age 15 to 24 years are living with HIV/AIDS, and half of all new infections worldwide are occurring among young people. Subgroups of Canadian teenagers (e.g., street youth, gay youth) are at a very high risk for infection; there is a growing concern that young gay men in Canada have become less vigilant in taking consistent HIV risk reduction measures. Young Canadians require information and skills that will help them to adopt and maintain behaviours that will protect them from HIV.

There is also a demonstrated need for youth-focussed HIV awareness and prevention resources in Canada. For the third year in a row, through Canadian HIV/AIDS Information Centre's annual survey, the Centre's clients have expressed a need for more resources geared to a youth audience to assist them in their efforts to educate young people about HIV. Furthermore, respondents to our 2004 Social Marketing Campaign survey called for youth-focussed resources to assist them in their work to reduce HIV infection in their communities.

With targeted resources including messages directed at youth, the 2005 *Change the World* campaign will have a more direct impact on HIV infection rates, and will work towards reducing the stigma and discrimination that stop young Canadians from getting the information they need to make healthier decisions. "By using the 2005 campaign resources, we can change the statistics," said Jennifer Fleming, Social Marketing Officer. "Together, we can encourage others to join the fight against human rights violations, and to use safer sex practices. Together, we can change the world!"

For more information, visit the campaign website at www.campaign.cpha.ca, or contact Jennifer Fleming, Social Marketing Officer at jfleming@cpha.ca. ■

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1. *Adolescent Sexual and Reproductive Health in Canada*, Canadian Journal of Human Sexuality, Vol 13(2): 67-81, Summer 2004.
2. *Condoms, Sexually Transmitted Infections, Safer Sex and You*, Public Health Agency of Canada, STI Epi Updates, May 2002.
3. *Canadian Youth, Sexual Health and HIV/AIDS Study*, Council of Ministers of Education, 2003.
4. *UNAIDS 2004 Report on the Global AIDS Epidemic*, Joint United Nations Programme on HIV/AIDS, 2004.

CPHA Award Winners, from page 5...

women in her study. She also met and married a Peruvian and is currently on maternity leave with a 3-month-old baby. After completing her PhD, Renee hopes to widen her research focus to include other aspects of infectious disease epidemiology.

Population and Public Health Student Awards

The Canadian Institutes of Health Research's Institute of Population and Public Health (IPPH) is collaborating with the Canadian Public Health Association (CPHA), Canadian Institute for Health Information-Canadian Population Health Initiative (CPHI) and the Public Health Agency of Canada to launch the 2nd annual award program in applied population and public health (PPH) research for Masters and PhD level students enrolled in a Canadian academic institution. The purpose of this award program is to recognize excellence in the next generation of population and public health researchers, policy-makers and practitioners.

Masters

Margaret Broughton, University of British Columbia
Helen Oliver, University of Saskatchewan

PhD

Dana Wilson, McGill University
Prithwish De, McGill University
Eleanor Boyle, University of Toronto ■

Dr. Elinor Wilson receives Dr. Harold N. Segall Award of Merit

This award was created in honour of the late Dr. Harold N. Segall, a founding member of the Canadian Cardiovascular Society. It is presented to an individual, group, or organization that has made a significant contribution to the prevention of cardiovascular disease or to the promotion of cardiovascular health in Canadians.

CPHA's Chief Executive Officer, Dr. Elinor Wilson, was honoured on October 23rd at the 2005 Canadian Cardiovascular Congress for her contribution to cardiovascular disease prevention and treatment in Canada. Elinor is a leader in public health and health promotion, chronic disease prevention, and tobacco control. As CEO of CPHA, Elinor advocates for the inclusion of heart disease and other chronic diseases in the global public health agenda.

From her role in the establishment of the Canadian Institutes of Health Research to that as chair for the First International Conference on Women, Heart Disease, and Stroke, she has always been at the forefront of her field. A mobilizing force throughout her 30-year career, Elinor's work with the Canadian Heart Health Initiative inspired Canadian communities to create heart-healthy living environments. When serving as Vice-President of the World Heart Federation, she was instrumental in adding 'prevention' to their mission statement.

Congratulations Elinor! ■

Governance, from page 1...

Board positions in accordance with the skills requirements of the Board.

The new Board takes office January 1, 2006, comprising:

- Chair
- Chair Elect
- 5 Director positions
- 1 Student Director position
- 2 External Members
- 2 Advisory Council nominations.

In order to ensure continuing leadership and guidance through the transition process to full implementation of the new governance structure, there are two continuing Directors: I as the Chair and Ron de Burger as the Chair Elect.

The Transition Nominating Committee finalized a slate of candidates for the 5 Director positions on this new skills-based Board, to be voted on by CPHA members in a ratification process this fall. Criteria used in selecting the slate, taking into account a balance of geography and diversity, include:

- broad pan-Canadian experiences and skills that will help position CPHA in a leadership role in Canada with links to global public health
- strong skills and experience in governance, coupled with an understanding of membership development, organizational effectiveness, risk management and financial systems
- mix of public health professional backgrounds
- advocacy and policy development experience with an understanding of political systems and government relations that impact implementation
- association marketing and promotion
- communication and network-building strengths, alliance creation
- membership development for an association
- research and knowledge creation, translation and management.

The five candidates for the slate and two students who are competing for the student position were introduced to members at the AGM and in the most recent member update sent out in early October. A ratification vote for the slate and a vote for the Student Director position will take place this fall, so please do vote to support your Association in its renewal process. The few members who do not have e-mail addresses will be able to vote by mail.

I encourage you to continue your involvement in all of the various phases of the transition to a new governance model. Please do not hesitate to contact me directly at: sheilah.sommer@calgaryhealthregion.ca with any questions or comments.

Thank you again for your support.

Sheilah Sommer

Sheilah Sommer, CPHA President

PLAYING IT SAFE

Protecting Children from Environmental Risks

Every day, children in Canada are exposed to car exhaust and other air pollutants, and trace levels of industrial chemicals, toxic metals, and pesticides. Children are exposed in their food, air and water, and from contact with soil and dust. Exposures arise from many sources, including common consumer products.

Children's health is at risk as a consequence of often unnecessary exposure to contaminants in both the indoor and outdoor environment. While exposure to individual contaminants may be small, children are more vulnerable than adults. Total exposure to many potentially harmful contaminants over a child's lifetime is of concern.

Much is unknown about the health effects of environmental contaminants. In the face of incomplete information, it is better to be safe than sorry. We need to prevent potential harm to children by "childproofing" our homes, schools and communities from potentially toxic chemicals. This needs to start before a child is conceived, and should last a lifetime. Education is a critical first step in providing parents and caregivers with the means to implement their own childproofing measures and also for resolving these issues at the broader level of law and policy reform.

As a proud member of the Canadian Partnership for Children's Health and Environment (CPCHE), the Ontario Public Health Association (OPHA) is therefore pleased to announce the release of CPCHE's *Child Health and the Environment – A Primer*. This 130-page, full-colour document provides a thorough introduction to this important and complex child health issue. *Playing it Safe: Childproofing for Environmental Health*, a brochure that provides practical childproofing tips to protect children from environmental threats to their health, accompanies the Primer. Both documents are available in English and in French. The release of these documents marks the launch of CPCHE's national awareness campaign: *Childproofing for Environmental Health*. These materials are being released in conjunction with the Toronto Public Health report, *Environmental Threats to Children: Understanding the Risks, Enabling Prevention*, a detailed document that summarizes the current science on this topic and calls for action by all levels of government and communities.

Together, these documents create a tiered series of resources that will be of great value to the public health sector in addressing this increasingly important issue. They provide professionals, practitioners, frontline workers, the media, policy makers, pregnant women and parents with valuable information on environmental risks and how to focus on prevention.

For copies of these resources or to learn more about the Canadian Partnership for Children's Health and Environment, please visit www.healthyenvironmentforkids.ca. ■

Coming *events*

9es journées annuelles de santé publique
Tendances et mouvances
14-17 novembre 2005 — Centre des congrès de Québec
Renseignements : Martine Deschênes
Association pour la santé publique du Québec
Tél : 514-528-5811 — Courriel : adm@aspq.org

Issues of Substance
Canadian Centre on Substance Abuse National Conference 2005
13-16 November 2005 — Markham, ON
Contact: CCSA
Tel: (613) 235-4048 — Fax: (613) 235-8101 — www.ccsa.ca

17th International Conference on the Reduction of Drug-related Harm
Hear and Now: The PEER Conference
British Columbia Centre for Excellence in HIV/AIDS, IHRA, Providence Health Care
30 April-4 May 2006 — Vancouver, BC
Contact: Harm Reduction 2006 Conference Secretariat
c/o Advance Group — Toll-free: 1-800-555-1099
Tel: 604-688-?655 — Fax: 604-685-3521
E-mail: info@harmreduction2006.ca — www.harmreduction2006.ca

CPHA 97th Annual Conference
What Determines the Public's Health? People, Places, Politics
28-31 May 2006 — Vancouver, BC
Contact: CPHA Conference Department
Tel: 613-725-3769 — Fax: 613-725-9826
www.cpha.ca

OPHA Violence Prevention Workgroup

The Ontario Public Health Association (OPHA) and Canadian Public Health Association (CPHA) co-hosted a town hall meeting at the 96th CPHA Annual Conference in Ottawa on September 19, 2005, to initiate the development of a national strategy on violence prevention. Over 70 people from organizations across Canada attended the meeting, including the Honourable Dr. Carolyn Bennett, Minister of State for Public Health. Ten organizations and individuals have agreed to join CPHA and OPHA in forming a multi-sectoral steering committee which will spearhead the efforts to develop a national violence prevention strategy. The Public Health Agency of Canada as well as Statistics Canada have pledged to join the steering committee. Over the coming months, the steering committee will continue to seek partnerships with interested individuals and organizations.

The OPHA Violence Prevention Workgroup would like to extend its gratitude to the OPHA, CPHA, SMARTRISK, Ensom & Associates and the Public Health Agency of Canada for their support and help in planning the town hall meeting. Specific thanks go to OPHA President, Dr. Garry Aslanyan and Executive Director, Connie Uetrecht for their guidance and enthusiasm. We greatly appreciate the help provided by CPHA Conference organizers, Wendy Eligh and Gisèle Robert, and the guidance and support from Janet MacLachlan and Caroline Baskerville. The work of many individuals and organizations made this town hall meeting a success. We look forward to working together to realize the development of a national strategy on violence prevention.

For further information or to volunteer your assistance, please contact the OPHA at info@opha.on.ca. ■

Submitted by Lori Snyder MacGregor and Angela Loconte, Co-Chairs, OPHA Violence Prevention Workgroup

Canadian HIV/AIDS Information Centre

User Survey

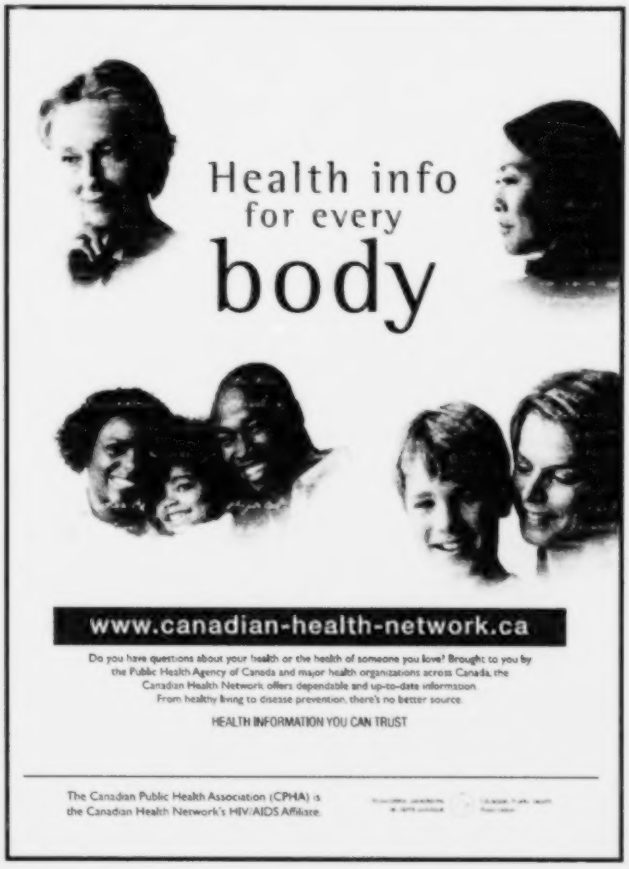
In 1983, the Canadian Public Health Association (CPHA) was one of the first NGOs in Canada to address the complex issues surrounding HIV and AIDS. Over twenty years later, CPHA continues to play a major role in the collection and dissemination of HIV/AIDS information.

Established in 1989, the Canadian HIV/AIDS Information Centre, a program of CPHA, has the mandate to provide information on HIV prevention, care, and treatment to community-based organizations, health and education professionals, resource centres and others with HIV and AIDS information needs in Canada. With funding from the Public Health Agency of Canada, the Information Centre has embarked on a comprehensive strategic planning exercise to define its specific role within the Federal Initiative to Address HIV/AIDS in Canada and within CPHA's governance structure and strategic priorities.

As input to this plan, we are polling users of Information Centre services to obtain opinion and advice. Please take approximately 10 minutes to answer the few questions that make up our online survey.

To begin, just click on the following link <http://www.innovative4you.com/chiceng.htm>. Please complete the survey by November 4th, 2005.

If you have any technical problems with this survey, please contact Sherry Sim at 1-866-655-8548. If you have any questions about this survey, please do not hesitate to contact Kate Mullin at 613-721-7572, or by e-mail: mullin@storm.ca ■


Health info
for every
body
www.canadian-health-network.ca
Do you have questions about your health or the health of someone you love? Brought to you by the Public Health Agency of Canada and major health organizations across Canada, the Canadian Health Network offers dependable and up-to-date information. From healthy living to disease prevention, there's no better source.
HEALTH INFORMATION YOU CAN TRUST
The Canadian Public Health Association (CPHA) is the Canadian Health Network's HIV/AIDS Affiliate.

National Seniors' Safety Week (November 6 to 12, 2005)

Free Resources Help Seniors Make Their Home a Safer Place

Falls account for almost two thirds of injuries for which those over age 65 are hospitalized, and 40% of admissions to nursing homes. Falls are also the leading cause of fatal injury among seniors.

Most serious falls occur in and around the home – yet simple precautions and adaptations can prevent a bad fall from ever happening. Stairways and bathrooms need special attention, so they are the focus of radio and TV spots the Canada Safety Council is launching for National Seniors' Safety Week.

The campaign suggests seniors contact their local public health department for information and programs to prevent falls. The following helpful Government of Canada resources, which can be ordered free of charge, offer valuable advice.

Public Health Agency of Canada
Order by e-mail (SeniorsPubs@phac-aspc.gc.ca), or phone (613 952-7606).

- You CAN prevent falls: Illustrated information sheet suggests adjustments to home and lifestyle.
- The Safe Living Guide: Practical recommendations to prevent injuries in the home.
- Bruno and Alice: The story of two seniors who learn about safety the hard way.

Canada Mortgage and Housing Corporation (CMHC)
Call 1 800 668-2642 and mention the publication number.

- Maintaining Seniors' Independence: A Guide to Home Adaptations (61042). Helps health professionals conduct a full assessment of a senior's home.
- Maintaining Seniors' Independence Through Home Adaptations: A Self-Assessment Guide (61087). Helps seniors and their families identify hazards in the home and describes adaptations to overcome them.
- Preventing Falls on Stairs (63637). Common causes of falls on stairs, and how to prevent them. ■

International Guests Visit Ottawa During CPHA's 96th Annual Conference

Thirteen international visitors involved with CPHA's Global Health Programs attended CPHA's 96th Annual Conference in Ottawa, September 18-21, 2005. Nine of the delegates were representatives of countries currently involved with the Strengthening of Public Health Associations (SOPHA) program (Burkina Faso, Cuba, Ethiopia, Haiti, Malawi, Mozambique, Niger, the Republic of Congo (Brazzaville), and Uganda), two were from the Argentina Healthier Futures Project, and two were from the Malawi Family and Reproductive Health Project. These projects are funded by the Canadian International Development Agency (CIDA).

The two visitors from Argentina, Christina Mirassou and Moira Martin, presented a poster about their work to respond more effectively to the health needs of Aboriginal and rural women and youth in Argentina's Northern province of Formosa. [See separate article in this issue of the Health Digest.] One of the delegates of the Malawi Family and Reproductive Health (FARH) project, Anna Chinombo, made a presentation at a session on Global Health. She highlighted the successes and challenges of the FARH project in improving the quality of and access to reproductive health services in Malawi, in conjunction with the United Nations Population Fund (UNFPA).

The nine visitors involved in the SOPHA program participated in a joint meeting of International Partners, Canadian Technical Advisors, and members of SOPHA's Review and Evaluation Committee (REC) about the future of the SOPHA program. They also participated in a Special Reception to mark the 20th Anniversary of the SOPHA Program, which started building the capacity of public health associations in developing countries in 1985. At the reception, Canadian and foreign guests learned about CPHA's work over the past twenty years to strengthen 30 partner public health associations in Africa, Asia, Latin America, the Middle East, Russia and Eastern Europe. A particular honour for the SOPHA program was the address given at the Reception by the Honourable Carolyn Bennett, Minister of State for Public Health.

At the reception and SOPHA meetings, presentations were made by representatives of SOPHA's current partner public health associations in the program for 2001-2006. These included Dr. Abeba Bekele of Ethiopia and Dr. Juma Nabembezi of Uganda, who spoke about the success of their associations in "graduating" from the SOPHA program and continuing to work on their own without the financial support of the program. Delegates also heard from Mr. Georges Batala-Mpondo, who spoke about the importance of SOPHA support for the early development of the Congolese Society for Community and Public Health (ACSPC), SOPHA's newest partner.

Aside from the meetings and workshops, the international delegates also witnessed the "Silent Auction," held on the opening night of the conference, which included hand-made crafts from nearly all 30 countries where the SOPHA program has worked since 1985. Following the enthusiastic bidding from conference participants, more than $3,600 was raised for the SOPHA "Sustainability Fund."

CPHA President Sheilah Sommer receives a gift from one of the 13 international guests present at the 96th Annual Conference. From left to right are Mr. Georges Batala-Mpondo, President of the Congolese Society of Community and Public Health, (Sheilah Sommer), Ms. Odette Ky-Zerbo, representing the Burkina Faso Public Health Association, and Dr. Katimou Maga, executive member of the Public Health Association of Niger.

Following the CPHA conference, the SOPHA guests had an opportunity to visit CPHA's offices and hear about some of CPHA's national projects. They also made a visit to the Canadian International Development Agency (CIDA), as did the visitors from Malawi. Anna Chinombo and Dorothy Lazaro, from UNFPA-Malawi, made another presentation on the successes and challenges of the FARH project at CIDA. The visitors from Malawi also had the chance to learn from and share their experience with the Youth HIV/AIDS program team at the Somerset West Community Health Centre in Ottawa.

The international delegates expressed their satisfaction with their visit to Canada. They were able to meet and exchange views with others involved in public health in Canada, from practitioners to the top leadership at both governmental and non-governmental levels. They were also able to see concrete examples of CPHA's governance process and services to members and the general public. The delegates took home valuable lessons about particular topics that were covered in different sessions inside and outside of the conference, such as immunization strategies, resources for fighting the HIV/AIDS pandemic, and the effort to define and strengthen the public health workforce.

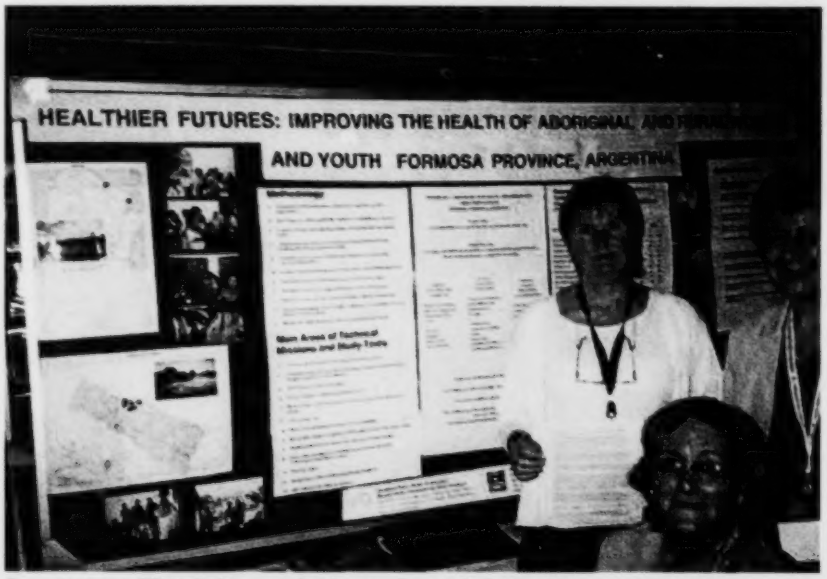
In an evaluation of the visit, one of the delegates wrote, "It was a great opportunity for me to be part of this conference. I would like to thank you all for giving us this opportunity…also, many thanks for making everything easy for me and making me feel 'at home.'" ■

CPHA's Contribution to Global Health in Formosa Province, Argentina

Two Argentinean delegates and members of the Canadian Advisory Committee for CPHA's Healthier Futures Project presented a poster at CPHA's 96th Annual Conference entitled, "Strengthening Public Health Services for Rural and Aboriginal Women in the Province of Formosa, Argentina." The poster featured the project's conceptual framework, methodology, technical missions and study tours, as well as the achievements of three years of work. This project, which builds local capacity in the planning and delivery of sexual and reproductive health services for rural women and Aboriginal people in one of Argentina's poorest provinces, is carried out in collaboration with the provincial Ministries of Human Development and Education, the Institute of Aboriginal Communities of Formosa and the Federal Ministry of Health. The project is funded by the Canadian International Development Agency (CIDA).

The project's conceptual framework provided a strong foundation for implementation. Three strategies are the pillars of this process: 1) Building government capacity in Aboriginal and rural women's health, 2) promoting community participation and empowerment, and 3) disseminating project initiatives and results.

Capacity-building activities carried out in the last three years involved approximately 150 staff from the Ministries of Human Development and Education of the Province of Formosa. An estimated 1,700 community members benefited from transferred knowledge about Aboriginal and rural women's health adapted to local needs.



Presentation at CPHA 96th Annual Conference. From left, Cristina Mirasou and Moira Martin, Argentinean delegates, and Clara Jimeno, CPHA Project Coordinator for Healthier Futures project.

One outstanding achievement has been the ongoing development of the Rural Nursing Program of the Province of Formosa. The program was an outcome of Argentinean delegations visiting the Canadian Nursing Programs of the University of Saskatchewan and First Nations University in 2004. The development of this program was nurtured by meetings with Nursing Programs at the University of Ottawa and Algonquin College and with Health Canada in September 2005.

A gender equality approach was mainstreamed into the technical missions and study tours. The Local Technical team integrated this approach into the local activities, addressing sexual and reproductive health issues of both women and men in workshops and educational materials, and preventing inclusion of gender stereotypes. Men's participation also increased in community workshops and information sessions. This allowed discussions on men's role and responsibility in sexual and reproductive health.

The promotion of community participation and empowerment of community members, particularly key leaders, was achieved through the following activities: a) participatory needs assessments and evaluations, b) training of women facilitators, c) translation of culturally sensitive materials into the Pilagá language, d) community radio involvement, and e) training of young people in community radio techniques. ■

SOPHA Turns Twenty!

This year, CPHA's flagship initiative in Global Health, the Strengthening of Public Health Associations Program (SOPHA), turned twenty. This program began in 1985, supporting emerging public health associations in Africa. At the time, there was only one public health association (PHA) on this continent, in Tanzania. At present, there are 16 PHAs in sub-Saharan Africa, many of them vibrant actors in improving public health in their respective countries and members of a growing international movement of PHAs worldwide.

In addition to working in Africa, SOPHA also helped build PHAs in Asia, the Middle East, Latin America and the Caribbean, as well as in Russia and Central and Eastern Europe. Over the years, PHAs from 28 different countries have benefited from SOPHA support and collaboration.

Over the current phase of the program (2001-2006), SOPHA works with partners in ten countries: Burkina Faso, Congo (Brazzaville), Cuba, Ethiopia, Haiti, Malawi, Mozambique, Niger, Peru, and Uganda.

The SOPHA Program develops the capacity of partner PHAs in selected countries to enable them to:

- function effectively;
- take a leadership and advocacy role for health;
- promote and support broad public participation in health issues and action; and
- build partnerships and alliances with other agencies, organizations and professional associations for action on important national and trans-national health issues.

SOPHA normally works with its PHA partners over several years, helping to ensure a solid foundation for future development. The SOPHA partnership includes technical and financial support to help the PHAs become strong and democratic institutions of civil society providing a voice for the public health movement in their respective countries, and a mechanism for those interested in public health to take action on key public health issues such as malaria, HIV/AIDS, reproductive health, and tobacco use.

CPHA members and Canadian technical volunteers have participated in the SOPHA program by providing their expertise to PHA partners on a range of issues such as strategic planning, malaria prevention programs, and health impact assessment. Through SOPHA, PHA partners are also invited to international conferences and workshops on common themes such as tobacco control, globalization and health, and gender.

SOPHA partners are encouraged to become part of sectoral, regional and global networks of public health associations. More than 20 past and present SOPHA partners have joined the World Federation of Public Health Associations (WFPHA), where they have been able to bring forward the concerns of developing countries in discussions on global health issues.

Following several years as a partner, the PHAs "graduate" from the program and are sometimes called upon to help newer associations develop through networking and mentoring. As an example, the Ethiopian Public Health Association (EPHA), created in 1989, graduated as a SOPHA partner in 2003. It is now one of the most prominent professional associations in East Africa, producing a quarterly newsletter, peer-reviewed scientific journal and annual scientific conferences, and is known as an effective advocate for sound public policy and health programs.

Through the principles of disease prevention, health promotion and protection, and healthy public policy, PHAs bring a unique and scientifically grounded perspective to health issues. They provide sound, credible evidence and represent a multidisciplinary, independent voice without the constraints of professional licensing, certification or self-interest. PHAs also contribute to reinforcing civil society and raising the level of awareness and understanding of the impact of public policy on human health and well-being.

CPHA intends to continue the SOPHA Program's efforts to build public health capacity around the world for many years to come. Together with partners and volunteers, the SOPHA Program carries on CPHA's international mission – achieving Health for All. ■

Launching of the SOPHA Program Sustainability Fund

CPHA announces the launching of the SOPHA Sustainability Fund, marking the 20th anniversary of the Global Health Programs' flagship international health initiative. The purpose of the Fund is to support the efforts of public health associations in developing countries in playing a leadership role in their respective countries on priority public health issues. Cheques in support of the SOPHA Program should be made out to CPHA and specify that the donation is for the SOPHA Program. As a registered charitable organization, CPHA will provide an income tax receipt for donations over $15. ■

A Gifting Idea!

Wondering what to give a friend or relative for the holiday season?

Why not give them something different this year: a donation made in their name in support of the "Strengthening of Public Health Associations (SOPHA)" program.

Your generosity will be appreciated both close to home and in countries around the world! ■

Update on the Community Competence Project

The last few months have been very full for the CCP.

In May, project stakeholders gathered in Johannesburg, South Africa for the annual Project Steering Committee Meeting. This was a successful meeting that allowed all participants to discuss the 2004/5 annual report, 2005/6 annual workplan and budget, and relocation of the Southern African AIDS Trust (SAT) Regional Secretariat from Harare, Zimbabwe to Johannesburg. This last point was taken forward by the Canadian International Development Agency (CIDA) Project Team Leader and approval for the move was granted in July. Having now begun the process of relocation, it is anticipated that it will be completed by the end of 2005.

To assist in steering this process forward, the SAT Board of Trustees hired a new Executive Director in June. Mr. Gary Jim Lamont began his post September 1st and is based in Johannesburg. CPHA joins SAT in welcoming Gary to the CCP.

The CPHA Project Coordinator spent part of the month of June in Malawi and Mozambique and returned to visit Tanzania and Zambia in October. These country-level missions are part of CPHA's project monitoring role and are helping to provide greater oversight and feedback as well as SAT management support during this critical time of scale up (increased number of partners, staff and national-level responsibilities) and increased autonomy (i.e., sourcing national-level funds, increasing SAT's national profile, etc.).

CPHA Project Coordinator (2nd row, 3rd woman from the left) on community visit to Home-Base Care givers with SAT Malawi partner, Ladder for Rural Development.

An HIV-positive women's group, supported by SAT Mozambique partner Kindlimuka, perform a song and dance emphasizing the importance of using condoms, which they wave in their hands.

The following poem was presented by a Malawian youth during a community visit with a new SAT Malawi partner, Ladder for Rural Development.

I wonder...

Every day and night I heard a whistle
Informing people about death
Children, women and men gnashing their teeth
Crying for their beloved one
Taken by that man – AIDS

Abstain from sex
Be faithful to your partner
Use a condom if control is lost
Is a method you can use to defeat him

AIDS is a stream that never dries
Today has taken me, tomorrow it's you
Make sure you know your life status
The Youth Life Centre is there for you
Brothers and sisters watch your step
AIDS is a killer, AIDS is real

by Yohane Matapa Jr.
Madanjala Parish, Malawi

Uganda Public Health Association Graduates from SOPHA Program

The Uganda National Association for Community and Occupational Health (UNACOH) recently completed its final project under the Strengthening of Public Health Associations Program (SOPHA), funded by the Canadian International Development Agency, and is now operating with its own resources.

Speaking at CPHA's recent Annual Conference in September 2005, UNACOH Secretary General Dr. Juma Nabembezi reported that UNACOH is still active in national public health issues such as nutrition, sanitation, tobacco control, and HIV/AIDS.

Founded in 1987, UNACOH became a SOPHA partner in 1993 and steadily developed its capacity as a public health association over the years. Membership grew from 30 to over 1,000, drawn from all 56 districts of the country and organized in 21 branches. Starting with an emphasis on occupational health, UNACOH widened its scope of activities to include work on nutrition and early childhood development, adolescent sexual and reproductive health, tobacco control, and landmines awareness. UNACOH's members are drawn from the public health community and include medical doctors, nurses, occupational health specialists, epidemiologists, teachers, and journalists.

UNACOH is a voluntary non-governmental organization that enjoys a good reputation with the Ministry of Health and with international organizations such as the World Health Organization and UNICEF. Despite the end of direct funding through the SOPHA program, UNACOH has continued to run its Annual Scientific Conference, which is well attended by UNACOH members and others interested in public health. UNACOH has also re-initiated publication of the *Uganda Health Dialogue News*, formerly dependent on SOPHA funding. UNACOH also prepares a radio programme on Health and Development twice a month for the "Voice of Africa" radio station.

Although the transition to self-sufficiency has not been easy, UNACOH has been successful largely due to the dedication and creativity of its members and staff. UNACOH's strategy of building district branches has made it an attractive institution for funders interested in achieving a broader national reach for their public health programs, such as the Uganda Program of the Global Fund to Fight AIDS, Tuberculosis, and Malaria (UGFATM). The UGFATM is now funding projects through UNACOH, involving several district branches of UNACOH that have developed their own capacity for project implementation. The district branches parallel the government's decentralized health system and therefore facilitate collaboration with local health authorities. Meanwhile, UNACOH has used administrative fees on these and other projects to help defray the cost of its secretariat in Kampala. In addition, UNACOH has raised money through subscriptions to its newsletter, the sale of t-shirts, subletting of office space, and subcontracting of secretarial services, and has become more rigorous in collecting membership dues from its members.

Dr. D. K. Sekimpi, President of the Uganda National Association of Community and Occupational Health (UNACOH), showing the Association's community health activities.

UNACOH is now discussing with the Ministry of Health a potential primary health care program that would capitalize on the elements used in Uganda's successful anti-AIDS approach. Through a mass prevention campaign launched in the 1980s, Uganda reduced the HIV prevalence rate from 30% in the early 1990s to 8% in 2003. Some of the key elements of the campaign were a clearly communicated public strategy, a mass public education campaign and distribution of condoms, and a rights-based approach to people living with HIV. UNACOH would like to see this approach applied to other public health issues such as malaria and nutrition.

As a graduated partner, it is hoped that UNACOH will have a mentoring role in future to help newer public health associations learn and develop, especially in the East Africa region. CPHA is proud to have been a partner of UNACOH during its early years and looks forward to continuing contact in the years to come. ■

Update on the Canadian International Immunization Initiative – Phase 2 (CIII-2)

Technical consultants gain better understanding of gender equality issues in immunization work

Gender is a critical determinant of health for many reasons. For instance, certain vaccine-preventable diseases affect women and men differently, some cultural mores require the segregation of women and men, and child care continues to be regarded as a female responsibility in developing countries. Therefore, CIII-2 has framed one of its program objectives as a gender equality requirement; that is, to increase the access to and availability of better immunization services, especially for women and children.

Every country and culture is unique, thus CIII-2 consultants encounter a wide variety of contexts in which gender is managed. To prepare, each consultant receives, before departure, a short briefing and background material on gender issues specific to their region of deployment. Canadian consultants are directed to support national health systems in their efforts to improve gender equality through the equal participation of men and women in all activities related to immunization and the fair sharing of responsibilities in health decision-making processes.

Each country is a different story with respect to gender issues, depending on the economic conditions, cultural and religious practices and values. CIII-2 looks to challenge traditional thinking and motivate active engagement in gender issues, by raising awareness of, first, its consultants and, second, their national colleagues in the field. Here are three 'snapshots' of the types of gender issues encountered by recently returned CIII-2 consultants.

Melanie Calvin, assigned to Botswana, reports that the country is making steady progress in terms of gender equality, with the establishment of a national Women's Affairs Department as well as policy and legal reforms that strengthen gender equality. While tradition stipulates that women be at home raising large families, most women in urban centres are educated and in the work force. Melanie's surveillance training sessions drew significant numbers of women, often five times as many as men. However, the main gender issue in the health sector is the hugely challenging HIV/AIDS epidemic. An estimated 39% of the population is infected with the virus, with women carrying the brunt of the impact with higher infection rates, infection at a younger age, unequal power relations with men, and taking the primary caregiver role for infected family members.

Deployed to Laos, Dr. Tippi Mak reports that in her training activities the gender breakdown was generally balanced between women and men, although men tended to take more leadership positions and have more education. The exception was found at the National Laboratory Centre for Epidemiology, which is mainly staffed by women. At the village level, meetings about measles outbreaks would often be attended by women and children in the vast majority, but preparatory discussions would take place among all-male community leaders. This reflects the general situation in Laos where many clinical and public health doctors and surveillance officers are women, while men hold senior positions such as unit directors. A major challenge in rural areas continues, where traditional gender roles prevail and access to education for women is limited to an average of two to three school years. Female illiteracy, fertility rates, maternal mortality and female poverty also remain high, especially among ethnic minorities.

In El Salvador, Dr. Gustavo Vargas reports that women are integral to the country's health system personnel. Moreover, he mentions that El Salvador has been recognized as one of the Latin American / Caribbean region countries demonstrating significant improvements in gender equality. Gustavo assisted the Ministry of Health in the implementation of a national rubella vaccination campaign. To eliminate rubella, both women and men have to be vaccinated. However, the challenge in El Salvador was first to overcome male attitudes about rubella immunization, such as the perception that the disease is a "women's issue" and that vaccination overall is not commonly undertaken by men.

The common thread that knits together the many gender-related issues of all cultures is that "raising the bar" for gender equality improves the well-being of the whole population over time. In this respect, the CIII-2 objective of improving equity in the provision of and access to immunization services acts in concert with CIDA's policy on gender equality as a key element of Canada's commitments to international human rights treaties. ■

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Canada

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